

PART B - ISSUE FEE TRANSMITTAL

620.00 142 B
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MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
DAVID O'REILLY 23603 PARK SORRENTO, STE. 103 CALABASAS, CA 91302	INVENTOR'S NAME Street Address City, State and ZIP Code
	CO-INVENTOR'S NAME Street Address City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART. UNIT	DATE MAILED
07/010,225	02/03/87	012	WITZ, J	183 11/07/89
First Named Applicant	HELEN M.			
TITLE OF INVENTION	SKIN MOISTURIZING PRODUCT AND PROCESS			

ATTY'S DOCKET NO.	CLASS/SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1642	514-002.000	A56	UTILITY	YES	\$310.00	02/07/90

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a member of the bar as a registered attorney or agent. If no name is listed, no name will be printed.
	1 David O'Reilly
	2
	3

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed:
(1) NAME OF ASSIGNEE:	<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 15
(2) ADDRESS: (City & State or Country)	6b. The following fees should be charged to:
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	DEPOSIT ACCOUNT NUMBER
A. <input checked="" type="checkbox"/> This application is NOT assigned.	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies
<input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.	<input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	(Signature of party in interest or record) (Date)
	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE